

2011 Military Health System Conference

Achieving meaningful use going
forward with the EHR and integrated
Service-lead initiatives

The Quadruple Aim: Working Together, Achieving Success

Mr. George Chambers, Ms. Mary Ann Rockey, CAPT Robert Marshall, Col
Tod Russell, CAPT Michael Weiner, LTC Nicole Kerkenbush

January 26 2011



Track C Summary



**MHS Quadruple
Aim**

Track C Meaningful Use Summary



- Explained current Meaningful Use regulations
- Explained how the MHS plans to meet the 2011 Meaningful Use requirements via its existing systems and enhancements

Patient Portal Vision



Desired Component Capabilities of a Patient Portal

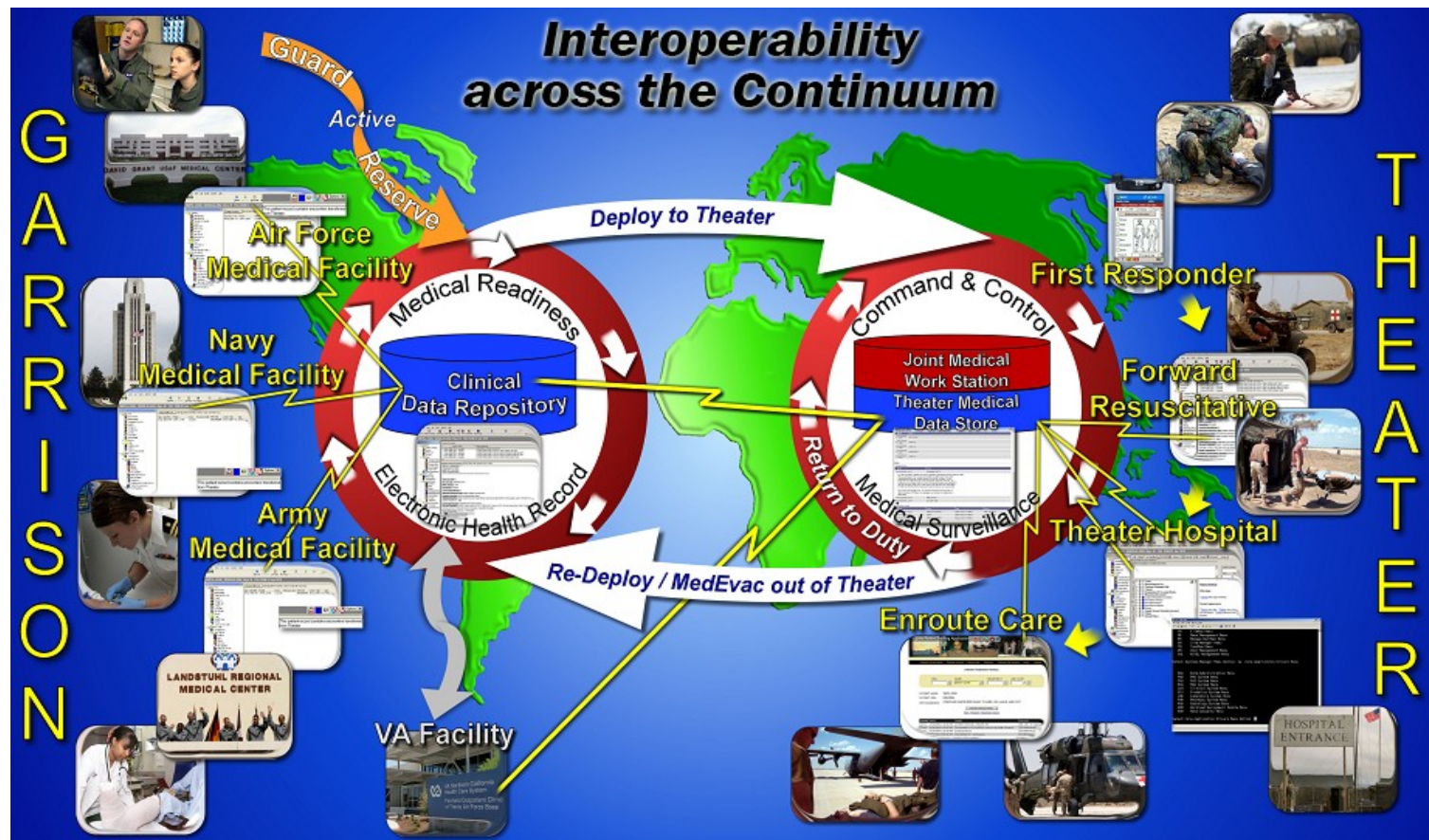
- Secure Patient-Provider Messaging
- Self-Appointing
- Personal Health Record
- Family History
- Health Information/Patient Education Materials
- Pharmacy Refill
- Preventive Health Tools/Reminders
- Disease Management Tools
- Pre-visit Questionnaires and Health Risk Assessments
- Advance Directives
- Claims History
- Links to Other Capabilities: Benefits, Enrollment, Personnel and Readiness

Planned Improvements

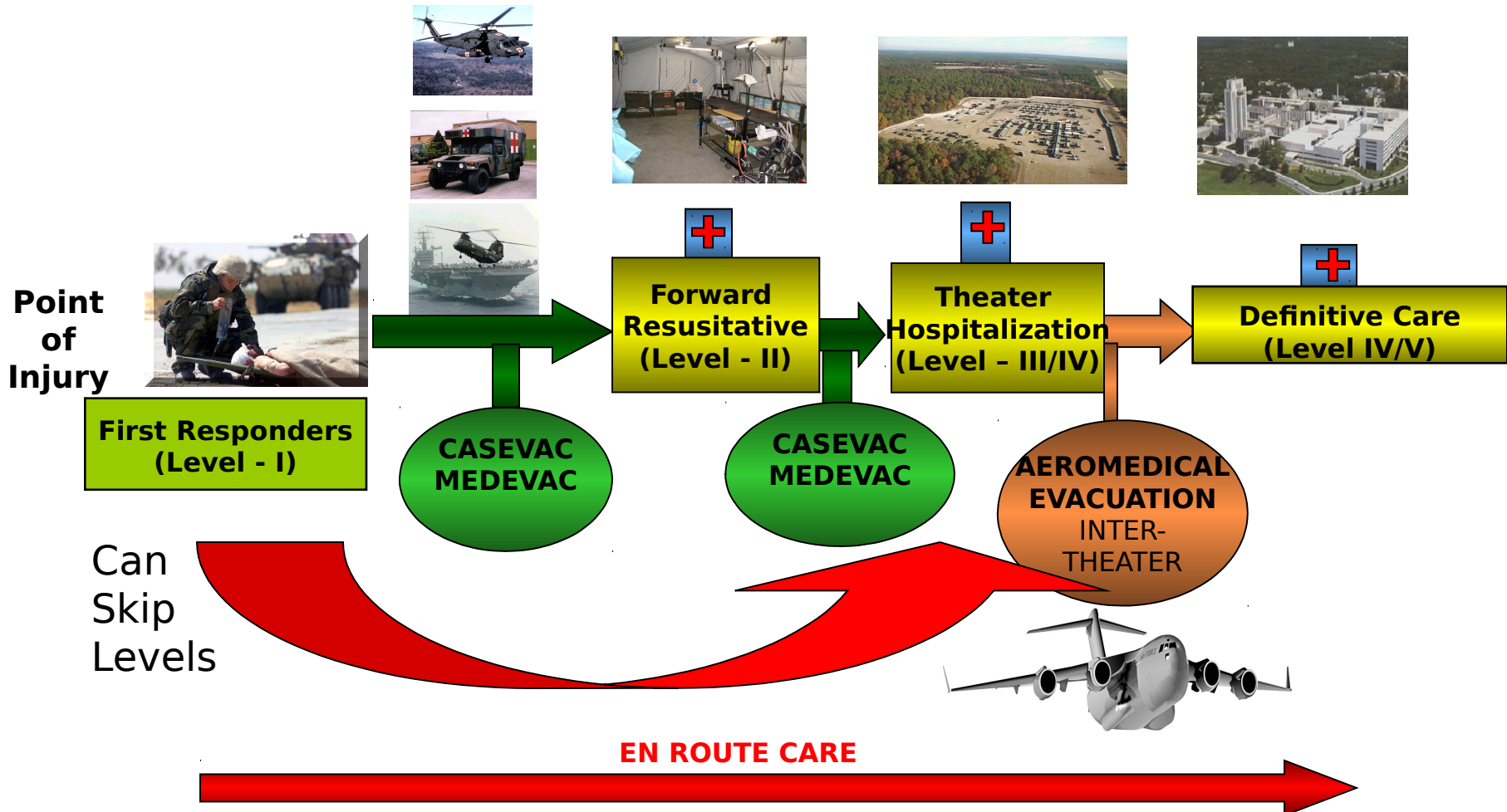


- TOL Look and Feel Improvements
- Health.mil link to TOL
- eBenefits Federation to TOL
- CHART Enhanced Health Assessment
- eForms Access
- Secure messaging Pilot Support
- Personal Health Data
- Family Doctor link

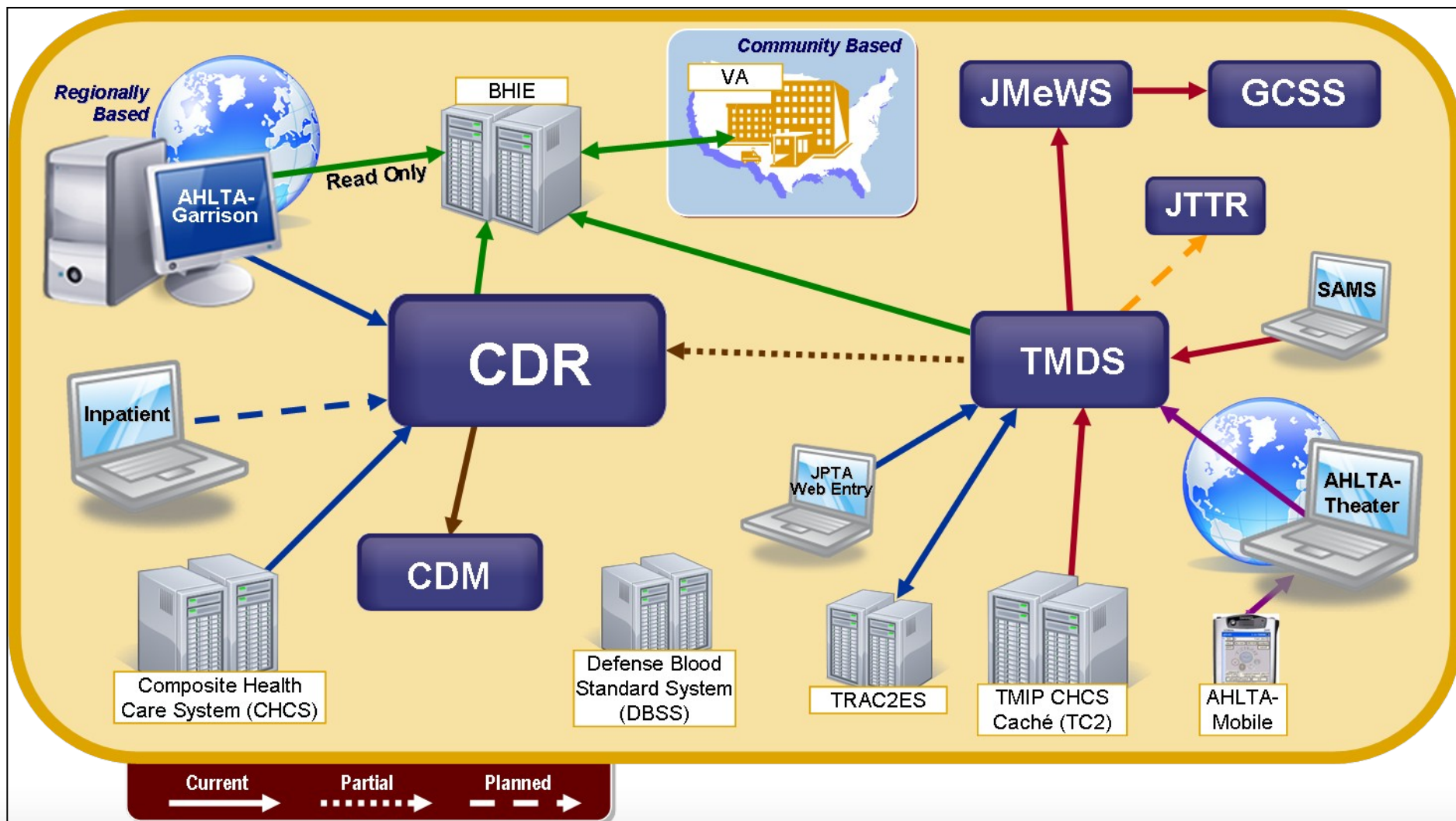
Continuum of Care



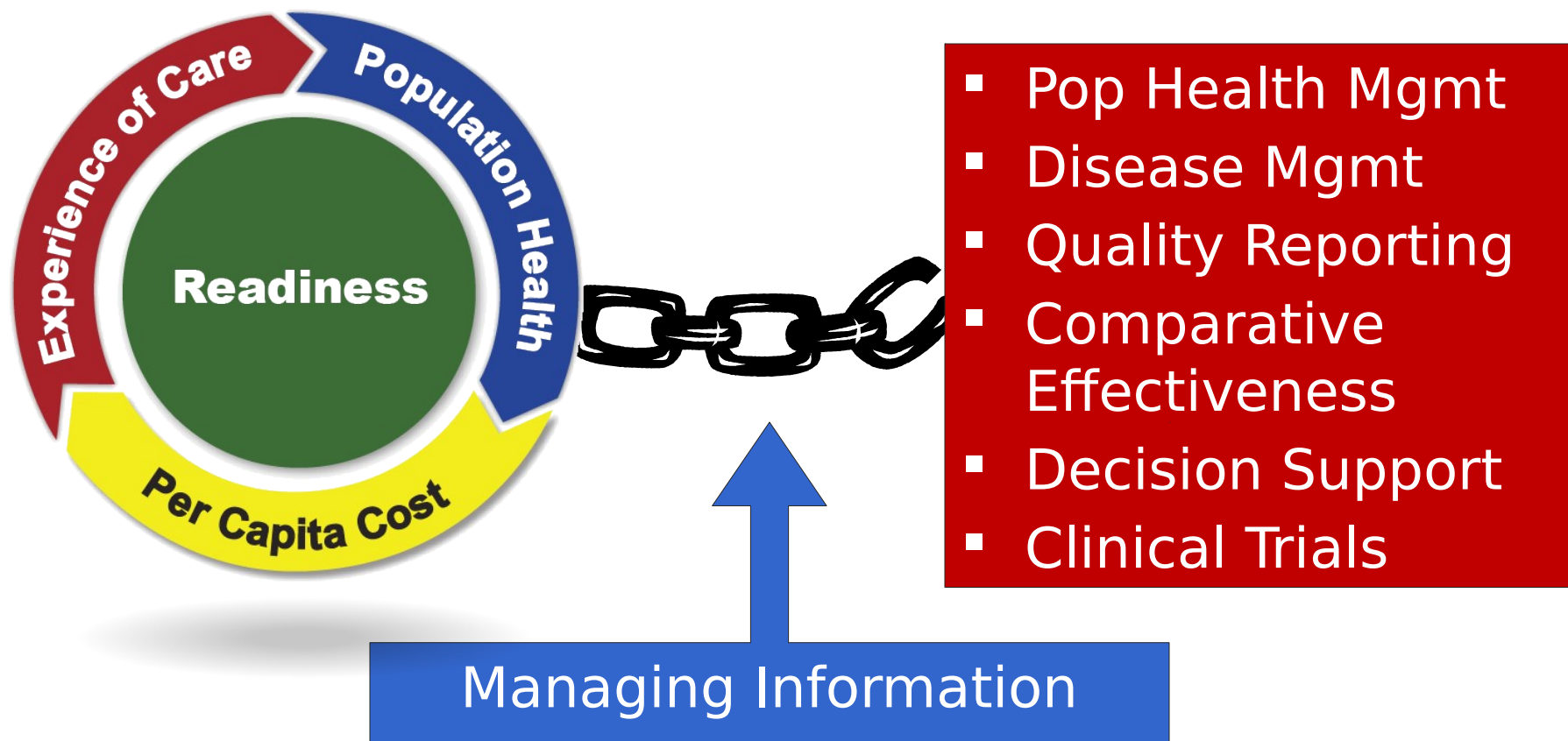
Treatment/Patient Movement Flow



EHR Data Flow to Support the Continuum of Care



Connecting Strategy and eHealth



M2 BOXI Expanded Features



- Business Intelligence to Support Quadruple Aim
 - Dynamic Report Development and Viewing
 - M2 users can tailor reports to assess:
 - Enrollee Utilization (Pop Health, Per Capita Cost)
 - MCSC Claims Analysis (Per Capita Cost)
 - GME Provider Practice Experience (Readiness)
 - Pharmacy Trends
 - Mine your data along many dimensions:
 - Market Areas (Catchment Area)
 - Enrollment Locations (MTF and Network Prime)
 - Beneficiary Category, Sponsor Service, Age, Gender and MORE!



DoD/VA Health IT Data Sharing to Benefit Our Patients



- Types and locations of patients and their data
- Types of data that are being shared between the DoD and VA
- Access that providers currently have through DoD and VA health systems to access health data
- Factors influencing the need to broaden data sharing initiatives to include private sector and other agency providers

Using IT and Social Media to Connect, Collaborate, & Communicate



- Changes, Challenges, and Solutions for communicating with Beneficiaries and Stakeholders

Big Things on the Horizon for the EHR and Communicating with Our Partners



- James A Lovell Federal Health Care Center (JAL FHCC)
- Virtual Lifetime Electronic Record (VLER)
- Electronic Health Records (EHR) Way Forward
- National Health Focus

Using Technology to Achieve the Patient Centered Medical Home - Army



- Introduced the suite of information technology tools that have been implemented
- Described how the tools are improving provider satisfaction, provider productivity, and clinical care
- Described how these tools are being used to implement the Patient Centered Medical Home care model

Possible Future Changes to MU Policy



(Source: CMS Brief)

- Intend to propose 2 additional Stages through future rulemaking.
- Future Stages will expand upon Stage 1 criteria.
- Stage 1 menu set will be transitioned into core set for Stage 2
- CPOE measurement will go to 60% (*MHS currently compliant*)
- Administrative transactions will be added
- Will reevaluate other measures – possibly higher thresholds
- Stage 3 will be further defined in next rulemaking

Stage 1 Final with Stage 2 and 3 Proposed Objectives from the Request for Comments from HHS



Improve Quality, Safety, and Efficiency Objectives		
Stage 1 Final	Stage 2 Prop	Stage 3 Prop
Use CPOE for medication orders (30%)	CPOE for at least 1 med, and 1 lab or rad order 60%	CPOE for at least 1 med, and 1 lab or rad order 80%
Drug-drug/drug-allergy interaction checks	Employ on appropriate evidence-based interactions	Add drug age, drug dose, drug lab, and drug condition checking
E-Prescribing (40%)	50%	80%
Record demographics (50%)	80%	90%
Record vital signs (50%)	80%	80%
Record smoking status (50%)	80%	90%

Stage 1 Final with Stage 2 and 3 Proposed Objectives



Improve Quality, Safety, and Efficiency Objectives		
Stage 1 Final	Stage 2 Prop	Stage 3 Prop
Implement 1 CDS rule	Use CDS to improve performance on high-priority health conditions.	Use CDS to improve performance on high-priority health conditions.
Implement drug formulary checks	Move current measure to core	80% of medication orders are checked against relevant formularies
Record existence of advance directives (EH) (50%)	Make core requirement. For EP and EH 50% of patients ≥ 65 have recorded in EHR	90%

Stage 1 Final with Stage 2 and 3 Proposed Objectives



Improve Quality, Safety, and Efficiency Objectives

Stage 1 Final	Stage 2 Prop	Stage 3 Prop
Lab results as structured data (40%)	Move current measure to core	90% of lab results electronically ordered by EHR are stored as structured and reconciled with orders
Generate patient lists for specific conditions	Make core. Generate lists for multiple patient-specific parameters	Patient lists are used to manage patients for high-priority health conditions
Sent patient reminders (20%)	Make core	20% of active patients who prefer to receive reminders electronically receive preventive or follow-up reminders

Stage 1 Final with Stage 2 and 3 Proposed Objectives



Improve Quality, Safety, and Efficiency Objectives		
Stage 1 Final	Stage 2 Prop	Stage 3 Prop
None	30% of visits have at least one electronic EP note	90%
None	30% of EH patient days have at least one electronic note by a physician, NP, or PA	80%
None	30% of EH medication orders automatically tracked via electronic medication administration	80%

Stage 1 Final with Stage 2 and 3 Proposed Objectives



Engage Patients and Families in Their Care Objectives		
Stage 1 Final	Stage 2 Prop	Stage 3 Prop
Provide electronic copy of health information upon request (50%)	Continue Stage 1	90% of patients have timely access to copy of health information from EHR upon request
Provide electronic copy of discharge instructions (EH) at discharge (50%)	80%	90%
EHR-enabled patient specific educational resources (10%)	Continue Stage 1	20%

Stage 1 Final with Stage 2 and 3 Proposed Objectives



Engage Patients and Families in Their Care Objectives		
Stage 1 Final	Stage 2 Prop	Stage 3 Prop
None	80% of patients offered the ability to view and download via a web-based portal relevant information contained in record about EH inpatient encounters	Same
Provide clinical summaries for each office visit (EP) (50%)	Patients have ability to view and download relevant information about a clinical encounter within 24 hours. Follow-up tests linked to orders and available in future summaries of the encounter.	Same
Provide timely electronic access (EP) (100%)	Patients have ability to view and download information in longitudinal record within 4 days	Same

Stage 1 Final with Stage 2 and 3 Proposed Objectives



Engage Patients and Families in Their Care Objectives		
Stage 1 Final	Stage 2 Prop	Stage 3 Prop
Provide timely electronic access (EP) and Provide clinical summaries for each office visit (EP)	EPs: 20% of patients with web access use a web-based portal to access their information.	30%
None	EPs: online secure patient messaging is in use	Same
None	Patient preferences for communication medium recorded for 20% of patients	80%

Stage 1 Final with Stage 2 and 3 Proposed Objectives



Engage Patients and Families in Their Care Objectives		
Stage 1 Final	Stage 2 Prop	Stage 3 Prop
None	None	Offer electronic self-management tools to patients with high priority health conditions
None	None	EHRs have capability to exchange data with PHRs using standards-based health data exchange
None	None	Patients offered capability to report experience of care measures online
None	None	Offer capability to upload and incorporate patient-generated data into EHRs and clinician workflow

Stage 1 Final with Stage 2 and 3 Proposed Objectives



Improve Care Coordination Objectives		
Stage 1 Final	Stage 2 Prop	Stage 3 Prop
Perform test of HIE	Connect to at least three external providers in “primary referral network” or establish ongoing bidirectional connection to one HIE	Connect to at least 30% of external providers in “primary referral network” or establish ongoing bidirectional connection to one HIE
Perform medication reconciliation (50%)	80%	90%
Provide summary of care record (50%)	Move to Core	80%

Stage 1 Final with Stage 2 and 3 Proposed Objectives



Improve Care Coordination Objectives		
Stage 1 Final	Stage 2 Prop	Stage 3 Prop
None	List of care team members (including PCP) available for 10% of patients in EHR	50%
None	Record a longitudinal care plan for 20% of patients with high-priority health conditions	50%

Stage 1 Final with Stage 2 and 3 Proposed Objectives



Improve Population and Public Health Objectives		
Stage 1 Final	Stage 2 Prop	Stage 3 Prop
Submit immunization data	EH and EP: Mandatory test. Some immunizations are submitted on an ongoing basis to Immunization Information System (IIS) as required by law	Same + during well child/adult visits provides review IIS records via their EHR
Submit reportable lab data	EH: move to core EP: Lab reporting menu - ensure reportable lab results and conditions are submitted to public health agencies	Mandatory test. EH: submit reportable lab results and reportable conditions. Complete contact information on 20% of reports

Stage 1 Final with Stage 2 and 3 Proposed Objectives

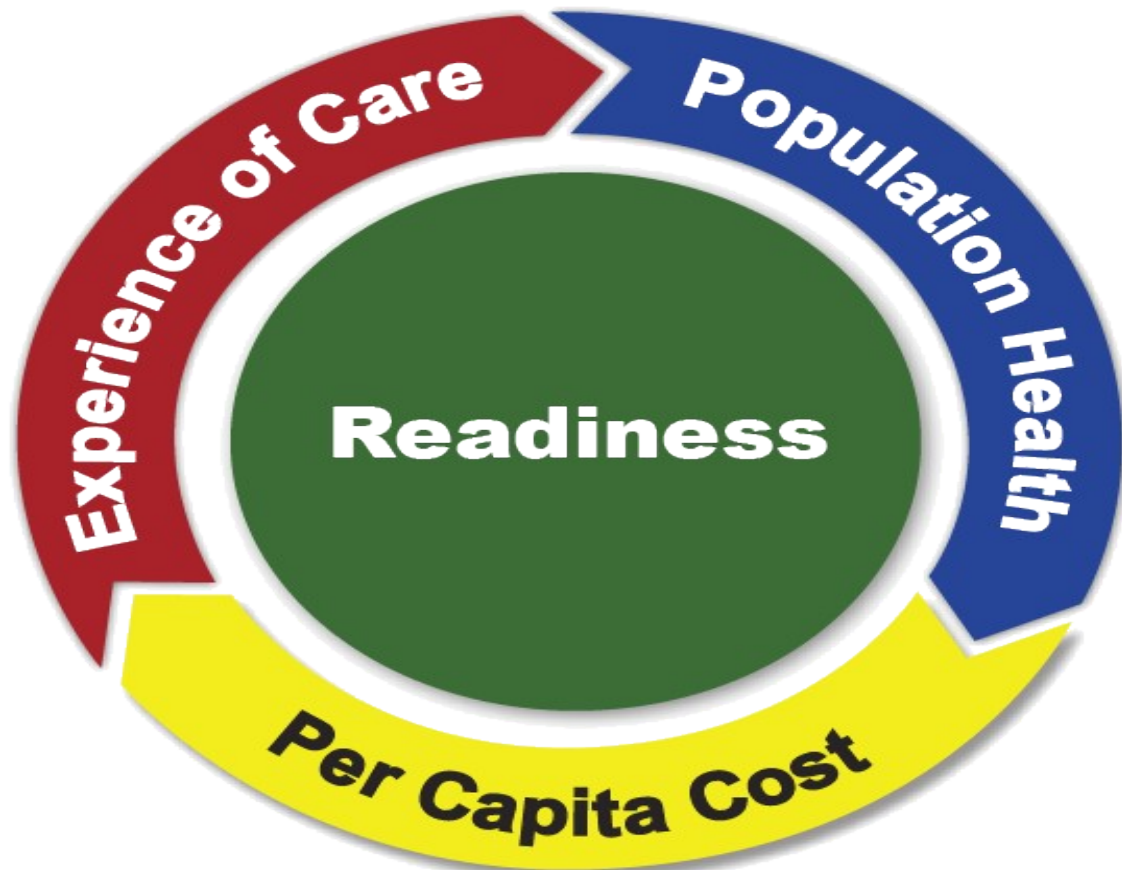
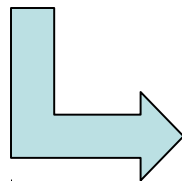
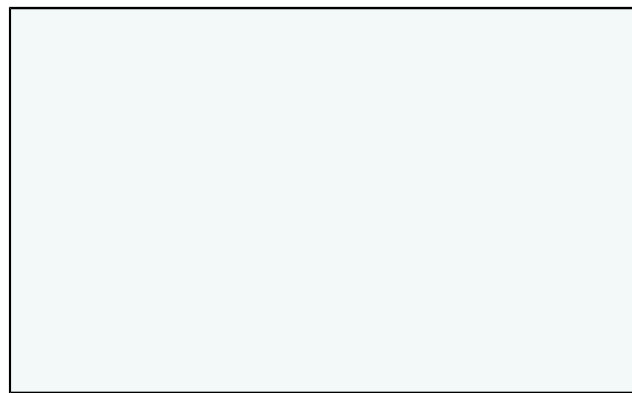


Improve Population and Public Health Objectives		
Stage 1 Final	Stage 2 Prop	Stage 3 Prop
Submit syndromic surveillance data	Move to core	Mandatory test; submit if accepted
None	None	Public Health Button for Eh and EP: Mandatory test and submit if accepted. Submit notifiable conditions using reportable public-health submission button.
None	None	Patient-generated data submitted to

Panel Discussion - Looking Forward



Track C Summary



MHS Quadruple Aim